

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 5	
1. CONTRACT PURCH ORDER/AGREEMENT NO. <div>DAAE07-00-D-M001</div>			2. DELIVERY ORDER/CALL NO. <div>0210</div>		3. DATE OF ORDER/CALL (YYYYMMDD) <div>2003MAR31</div>		4. REQUISITION/PURCH REQUEST NO. <div>SEE SCHEDULE</div>		5. PRIORITY <div>DOA4</div>		
6. ISSUED BY TACOM AMSTA-AQ-ALEC BRIAN CORRIGAN (586)574-8227 WARREN, MICHIGAN 48397-5000 EMAIL: CORRIGANB@TACOM.ARMY.MIL HTTP://CONTRACTING.TACOM.ARMY.MIL			CODE <div>W56HZV</div>		7. ADMINISTERED BY (If other than 6) DCMA BIRMINGHAM BURGER PHILLIPS CENTER 1910 THIRD AVE. NORTH, RM 201 BIRMINGHAM, AL 35203-2376			CODE <div>S0101A</div>		8. DELIVERY FOB <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR C NONE HQ0338 NAME AND ADDRESS CAMBER CORPORATION 635 DISCOVERY DRIVE HUNTSVILLE, AL 35806 TYPE BUSINESS: Large Business Performing in U.S.			CODE <div>OMWW4</div>		FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE		11. X IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED		
14. SHIP TO SEE SCHEDULE			CODE		15. PAYMENT WILL BE MADE BY DFAS-COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P.O. BOX 182264 COLUMBUS, OH 43218-2264			CODE <div>HQ0338</div>		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2	
16. TYPE OF ORDER		DELIVERY/ CALL <input checked="" type="checkbox"/>		THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.							
PURCHASE				Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____. furnish the following on terms specified herein.							
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED (YYYYMMDD)</div> </div> <div><input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:</div>											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT	
		SEE SCHEDULE CONTRACT TYPE: Cost-Plus-Fixed-Fee KIND OF CONTRACT: System Acquisition Contracts									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA JUDITH K. BUSH /SIGNED/ BUSHAJ@TACOM.ARMY.MIL (586) 574-7041 BY: _____ CONTRACTING/ORDERING OFFICER					25. TOTAL \$147,387.92		
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED											
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					28. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. D.O. VOUCHER NO.		30. INITIALS		
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS			31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.									34. CHECK NUMBER		
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER							35. BILL OF LADING NO.		
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE07-00-D-M001/0210 MOD/AMD	Page 2 of 5
Name of Offeror or Contractor: CAMBER CORPORATION		

SUPPLEMENTAL INFORMATION		
PROGRAM:	OMNIBUS PROGRAM & ENGINEERING SUPPORT SERVICES	
CONTRACT:	DAAE07-00-D-M001/0210 OPT YR 4	
PURPOSE OF ORDER:	Acquisition Policy for PM CAS & PEO GCS/PEO Ammunition	
TOTAL AMOUNT:	\$147,387.92	

1. This action is Task Order number 0210 issued pursuant to Contract DAAE07-00-D-M001.
2. The purpose of this order is to provide for 1796 hours pursuant to Special Provisions H.1.3. This order will provide acquisition policy/procedure development for PM CAS & PEO GCS/PEO Ammunition.
3. This is a unilateral order for 1796 man-hours of level of effort, awarded on Cost Plus Fixed Fee basis in the amount of \$147,387.92. This includes \$139,054.48 cost and \$8,333.44 fixed fee.
4. The Contractor shall perform this order 0210 in accordance with the Scope of Work in Section C and Work Directive CAM-0210.
5. The period of performance is from date of award through 31 Mar 2004.
6. PAYMENT

The contractor shall submit monthly invoices for payment for work performed in the previous month.

7. INVOICE INSTRUCTIONS

In accordance with the Prompt Payment clause (FAR 52.232-25), the following additional invoice instructions apply to this contract. On each billing document prepared by the contractor, the CLIN/SUBCLIN applicable to that billing shall be specified. Where there is one ACRN applicable to the particular CLIN/SUB/CLIN being billed, the ACRN shall be specified as well.

8. PAYMENT INSTRUCTIONS FOR DFAS

 - a. In accordance with the Prompt Payment clause (FAR 52.232-25), the following additional invoice instructions apply to this contract.
 - b. The paying office shall pay each invoice only with the funds obligated under the CLIN/SUBCLIN specified on the voucher. Payments shall be made first from the oldest funds by fiscal year applicable to each individual CLIN. The oldest funds shall be disbursed in their entirety before proceeding to disburse the next ACRN.

Name of Offeror or Contractor: CAMBER CORPORATION

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0001	SECURITY CLASS: Unclassified				
0001AA	<div>SERVICES LINE ITEM</div> <div>NOUN: PEO PROG MGT SPT - EH PRON: HG3710391A PRON AMD: 01 ACRN: AA AMS CD: 41502624039</div> <div>NOUN: To provide acquisition policy support for PM CAS & PEO GCS/PEO Ammunition</div> <div>Level of Effort: 1796 man hours</div> <div>WD: CAM-210</div> <div>Estimated Cost: \$139,054.48 Fixed Fee: \$8,333.44 Total Estimated Cost: \$147,387.92</div> <div> </div>				

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE07-00-D-M001/0210 MOD/AMD	Page 4 of 5
Name of Offeror or Contractor: CAMBER CORPORATION		

DELIVERIES OR PERFORMANCE

F.1 Period of Performance

Period of performance for the work set forth in WD CAM-0210 is date of award through 31 Mar 04.

*** END OF NARRATIVE F 001 ***

Name of Offeror or Contractor: CAMBER CORPORATION

CONTRACT ADMINISTRATION DATA

								JOB			
LINE	PRON/	OBLG						ORDER	ACCOUNTING		OBLIGATED
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>	
0001AA	HG3710391A	AA	2	21	32034000031B1B01P41502625FB	S28017	3RM038	W52P1J	\$	147,387.92	
41502624039											
								TOTAL	\$	147,387.92	
SERVICE								ACCOUNTING		OBLIGATED	
<u>NAME</u>	<u>TOTAL BY ACRN</u>		<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>AMOUNT</u>			
Army	AA		21	32034000031B1B01P41502625FB	S28017	W52P1J	\$	147,387.92			
								TOTAL	\$	147,387.92	